

Maryland Department of Human Services Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201 Office: 410.767.7871 Fax: 410.333.8408

RESIDENTIAL CHILD CARE PROGRAMS REPORT

| TESTE BUTTER CITED CHIEF TO CHEMISTON | _ | | | | | |
|--|--------|-------------------------------|---------------------|--------------------------|------------------------|----------------------------|
| Provider Organization: National Center for Children and Families, Inc. Greentree Adolescent Program | | | | | | |
| Licensing Agency: DHS | | Contracting Agency(s): DHS, D | | | | FSA |
| Program Administrator: Paye Tingba | | Certification # A002 | | | Exp. Date: | 12/31/17 |
| Type of Inspection: Quarterly | | | | | | |
| Site Name | Gender | Age Range | License Capacity | DHR Contract Limit | License#/ Exp. date | Date of site Inspection |
| Greentree Road | M/F | 12-20 | 20 | 20 | #00129 4/12/18 | 7/12/17 |
| Inspection Summary | | | | | | |
| Number of Records Reviewed: Youth 0 Staff 5 Number of Interviews: Youth 0 Staff 2 Physical Plant Inspection: Approved Current COMAR Violation: Yes No X If Yes, list Cited Violation(s) below: | | | | | | |
| Violation(s) Findings | | | | | | |
| | | | | | | |
| Corrective Action Plan: Yes No _X If yes, date of CAP: | | | | | | |
| Any Violations During Mid or Re-Licensure Periods: Yes No NA If Yes See Report(s) Date(s): | | | | | | |
| Complaint Outcome: N/A | | | | | | |
| Current Status of License: Continued | | | | | | |
| Licensing Coordinator: Odetta Bulluck Date: | | Email: | Odetta. | squire-bull | uck@marylan | d.gov |
| Program Manager: Andre Thomas Date | | Email: | andre.tl | nomas@ma | aryland.gov | |